

SIKKIM



GOVERNMENT

GAZETTE

**EXTRAORDINARY
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No. 100

**GOVERNMENT OF SIKKIM
HEALTH & FAMILY WELFARE DEPARTMENT**

No. 27/H&FW

Dated: 16/12/2022

NOTIFICATION

In exercise of the powers conferred by section 54 of the Clinical Establishment (Registration and Regulation) Act, 2010 (23 of 2010), the State Government hereby makes the following rules, further to amend the Sikkim Clinical Establishment (Registration and Regulation) Rules, 2012, namely:-

- | | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Short title, extent, Commencement and application. | 1. (1) These rules, may be called the Sikkim Clinical Establishment, (Registration and Regulation) (Amendment) Rules, 2022.
(2) They shall extend to the whole of Sikkim.
(3) They shall come into force on the date of their publication in the Official Gazette.
(4) They shall be applicable to the various categories of clinical establishment in a phased manner, as may be notified from time to time. |
| Substitution of Form I | 2. In the Sikkim Clinical Establishment (Registration and Regulation) Rules, 2012, for the existing FORM I, the following shall be substituted, namely :- |

FORM – I
(see rule 25 (2))

Application Form for Registration of Clinical Establishments

I. ESTABLISHMENT DETAILS

1. **Name of the establishment:** _____
2. **Address:** _____
Village/Town: _____ Block: _____
District: _____ State: _____ Pin code _____
Tel No (with STD code): _____ Mobile: _____ Fax : _____
Email ID : _____ Website (if any): _____
3. **Month and Year of starting:** _____
(From 4 to 11 mark all whichever are applicable)
4. **Location:**
Rural Urban Metro
Notified / inaccessible areas (including Hilly / tribal areas)
5. **Ownership of Services**

Government/Public Sector
Central government ☐ State government Local government (Municipality, Zilla parishad, etc)

Public Sector Undertaking Other ministries and departments (Railways, Police, etc.)

Employee State Insurance Corporation Autonomous organization under Government

Non-Government / Private Sector
Individual Proprietorship Partnership Registered companies (registered under central/provincial/state Act) Society/trust (Registered under central/provincial/state Act)
6. **Name of the owner of Clinical Establishment:** _____
Address: _____
Village/Town: _____ Block: _____
District: _____ State: _____ Pin code _____
Tel No (with STD code): _____ Mobile: _____ Fax : _____
Email ID: _____
7. **Name, Designation and Qualification of person in-charge of the clinical establishment:** _____
Qualification(s): _____
Registration Number: _____
Name of Central/State Council (with which registered): _____
Tel No (with STD code): _____ Fax: _____ Mobile: _____ E-mail ID: _____
8. **Systems of Medicine offered: (please tick whichever is applicable)**
☐ Allopathy ☐ Ayurveda ☐ Unani ☐ Siddha ☐ Homoeopathy ☐ Yoga ☐ Naturopathy
☐ Sowa-Rigpa

9. Type of establishment :(please tick whichever is applicable)

☐ (1). Clinic (Outpatient)

- (a) Single practitioner ;
(Consultation services only/with diagnostic services/with short stay facility)
- (b) Poly clinic ;
(Consultation services only/with diagnostic services/with short stay facility)
- (c) Dispensary ;
- (d) Health Checkup Centre .
- (2). Day Care facility
Medical, Surgical, Medical SPA, Wellness centers (where qualified medical professionals are available to supervise the services).
- (3). Hospitals including Nursing Home (outpatient and inpatient):
 - (a) Hospital Level 1 a;
 - (b) Hospital Level 1 b;
 - (c) Hospital Level 2;
 - (d) Hospital Level 3 (Non teaching) ;
 - (e) Hospital Level 4 (Teaching);
- (4). Dental Clinics and Dental Hospital:
 - (a) Dental clinics;
 - (a) Single practitioner ;
 - (b) Poly Clinics (dental).
 - (b) Dental Hospitals (specialties as listed in the IDC Act.);
 - (i.) Oral and maxillofacial surgery;
 - (ii.) Oral medicine and radiology ;
 - (iii.) Orthodontics ;
 - (iv.) Conservative dentistry and Endodontics;
 - (v.) Periodontics ;
 - (vi.) Pedodontics and preventive dentistry;
 - (vii.) Oral pathology and Microbiology;
 - (viii.) Prosthodontics and crown bridge;
 - (ix.) Public health dentistry.

(5) ☐ Diagnostic Centre

- ☐ (a). Medical Diagnostic Laboratories:
 - ☐ (i) Pathology ☐ (ii) Biochemistry ☐ (iii) Microbiology
 - ☐ (iv) Molecular Biology and Genetic Labs ☐ (v) Virology

☐ (b). Diagnostic Imaging centers

(i.) Radiology

- (A) General radiology
- (B) Interventional radiology

(ii.) Electromagnetic imaging

- (A) Magnetic Resonance Imaging (MRI),
- (B) Positron Emission Tomography (PET) Scan

(iii.) Ultrasound

☐ (C). Miscellaneous

- | | |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> (i) Electro Cardio Graphy (ECG) | <input type="checkbox"/> (v) Echocardiography |
| <input type="checkbox"/> (ii) Tread Mill Test | <input type="checkbox"/> (vi) Electro MyoGraphy (EMG) |
| <input type="checkbox"/> (iii) Electro Encephalo Graphy (EEG) | <input type="checkbox"/> (vii) Electrophysiological studies |
| <input type="checkbox"/> (iv) Mammography | |

(d). Collection centers

For the clinical labs and diagnostic centres shall function under registered clinical establishment

Yes/No

If Yes, then No of Collection Centre:

(6). Allied Health professions:

- (a) Audiology;
- (b) Behavioral health (counseling, marriage and family therapy etc);
- (c) Exercise physiology;
- (d) Nuclear medicine technology;
- (e) Medical Laboratory Scientist;
- (f) Dietetics;
- (g) Occupational therapy;
- (h) Optometry;
- (i) Orthoptics;
- (j) Orthotics and prosthetics ;
- (k) Osteopathy;
- (l) Paramedic;
- (m) Podiatry;
- (n) Health Psychology/ Clinical Psychology;
- (o) Physiotherapy;
- (p) Radiation therapy ;
- (q) Radiography / Medical imaging;
- (r) Respiratory Therapy;

- (s) Sonography;
- (t) Speech pathology ;

(7) **AYUSH**

(a) **Ayurveda**

- (i) Ausadh Chikitsa (ii) Shalya Chikitsa (iii) Shodhan Chikitsa (iv) Rasayana
- (v) Pathya Vyavastha

(b) **Yoga**

- (i) Ashtang (ii) Yoga

(c) **Unani**

- (i) Matab Jarahat (ii) Ilaj-bit-Tadbeer (iii) Hifzan-e-Sehat

(d) **Siddha**

- (i) Maruthuvam (ii) Sirappu Maruthuvam (iii) Varmam Thokknam & Yoga

(e) **Homoeopathy**

- (i) General Homoeopathy

(f) **Naturopathy**

- (i) External Therapies with natural modalities (ii) Internal Therapies

II. TYPES OF SERVICE

1. TYPE

- (a) General Practice Services;
- (b) Single Specialty Services ;
- (c) Multi Specialty Services (including Palliative care Centre, Trauma Centre, Maternity Home - applicable for hospitals only);
- (d) Super Specialty Services;

2. SPECIALITY SPECIFIC

- (1) **Medical Specialties – for which candidates must possess recognized Post Graduate degree**

(Doctor of Medicine/Diploma/Diploma of National Board or its equivalent degree)

- (a) Anesthesiology;
- (b) Aviation Medicine;
- (c) Community Medicine;
- (d) Dermatology, Venerology and Leprosy;
- (e). Family Medicine;
- (f) General Medicine;
- (g) Geriatrics;
- (h) Immuno Haematology and Blood Transfusion;
- (i) Nuclear Medicine;
- (j) Paediatrics;

- (k) Physical Medicine Rehabilitation ;
- (l) Psychiatry ;
- (m) Radio-diagnosis;
- (n) Radio-therapy;
- (o) Rheumatology;
- (p) Sports Medicine;
- (q) Tropical Medicine;
- (r) Tuberculosis & Respiratory Medicine or Pulmonary Medicine

3. Surgical specialties - for which candidates must possess, recognized Post Graduate degree (Doctor of Medicine/Diploma/Diploma of National Board or its equivalent degree)

- (a) Otorhinolaryngology;
- (b) General Surgery;
- (c) Ophthalmology;
- (d) Orthopaedics ;
- (e) Obstetrics and Gynaecology.

4. Medical Super specialties –

- (a) Cardiology;
- (b) Clinical Haematology including Stem Cell Therapy;
- (c) Clinical Pharmacology;
- (d) Endocrinology;
- (e) Immunology;
- (f) Medical Gastroenterology;
- (g) Medical Genetics;
- (h) Medical Oncology;
- (i) Neonatology;
- (j) Nephrology;
- (k) Neurology;
- (l) Neuro-radiology;

5. Surgical Super-specialities-

- (a) Cardiovascular thoracic Surgery);
- (b) Urology;
- (c) Neuro-Surgery;
- (d) Paediatrics Surgery;

- (e) Plastic & Reconstructive Surgery;
- (f) Surgical Gastroenterology;
- (g) Surgical Oncology;
- (h) Endocrine Surgery;
- (i) Gynecological Oncology;
- (j) Vascular Surgery.

III INFRASTRUCTURE DETAILS

1. Area of the establishment (in sqft):

(a) Total Area: _____ (b) Constructed area: _____

2. Out Patient Department:

(1) Total no. of OPD Clinics: _____

(2) Specialty-wise distribution of OPD Clinic

S.No.	Speciality

3. In Patient Department:

(1) Total number of beds:

(2) Specialty-wise distribution of beds, please specify:

S.No.	Speciality	Beds

4. Biomedical Waste Management

(1) Method of treatment and/or disposal of Bio-Medical Waste

☐ Through Common Facility

☐ Onsite Facility

☐ Any other (please specify):

(2) Whether authorization from Pollution Control Board/Pollution Control Committee obtained?

☐ Yes

☐ No

☐ Applied For

☐ Not Applicable

IV HUMAN RESOURCES

1. Total number of Staff (as on date of application):

No. of permanent staff:

No. of temporary staff:

2. Please furnish the following details:-

Category of staff	Name	Qualification	Registration No.	Nature of service Temporary/ Permanent
Doctors				
Nursing staff				
Para-medical staff				
Pharmacists				
Administrative staff				
Other, please specify				

Separate annexure may be attached.

Support staff

Category	Total No.	Remark

3. Payment option for Registration Fees:

☐ Online payment

☐ Demand Draft

☐ Bank Challan

Amount (in Rs.):

Details:

Receipt No.

I,on behalf of myself and the company/ society/ association/body hereby declare that the statements above are correct and true to the best of my knowledge and I shall abide by all the provisions made under the Clinical Establishment (Registration and Regulation) Act 2010.

I undertake that I shall inform the District Registering Authority of any changes in the particulars given above.

I shall comply with the minimum standards prescribed under Clinical Establishment Act for the services provided by us and also all other conditions of registration as stipulated under the aforesaid Act and Rule there-under.

Place:

Date:

Signature of the Authorized Signatory

Office Seal

By Order.

D. Anandan, IAS
Commissioner-cum-Secretary to the Government of Sikkim,
Health & Family Welfare Department